



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF LEAD LICENSING  
**LEAD OCCUPATION LICENSE RECIPROCITY APPLICATION**

**GENERAL INFORMATION**

A lead occupation license may be issued to any person who has made application and provided proof of certification or licensure from another state, provided that the Bureau of Lead Licensing has entered into a reciprocity agreement with that state, and the necessary fees have been paid. Individuals applying for a license by reciprocity to conduct lead-bearing substance activities in Missouri must provide all of the information requested in this application.

A complete application includes:

1. A completed *Lead Occupation License Reciprocity Application* form
2. A copy of the EPA certification or EPA-approved state license/certification in the occupation for which you are applying
3. Two (2) recent passport-size color photographs of the applicant's face without a hat or sunglasses (Computer generated or photocopied photographs are not acceptable), and
4. A check or money order made payable to the Missouri Department of Health and Senior Services for the appropriate nonrefundable fee.

**INCOMPLETE APPLICATIONS WILL DELAY PROCESSING OF APPLICATION AND ISSUANCE OF LICENSE**

The individual signing the application must provide their social security number pursuant to state and federal law. If you fail or refuse to provide your social security number, your application will be returned to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.

- Please submit a separate and **complete application** for each occupation for which you are applying.
- **Please type or print legibly.**
- Mail **completed application** to: Missouri Department of Health and Senior Services, Attn: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102-0570

**PART A. PERSONAL INFORMATION**

LEGAL NAME OF APPLICANT --- FIRST		MIDDLE INITIAL	LAST	
HOME ADDRESS (STREET, APARTMENT)				
CITY		STATE	ZIP CODE	
TELEPHONE NUMBER (      )      -		SOCIAL SECURITY NUMBER -      -		
PRESENT EMPLOYER			EMPLOYER TELEPHONE NUMBER (      )      -	
EMPLOYER ADDRESS (STREET)				
CITY	STATE	ZIP CODE	COUNTY (IN MISSOURI)	
Please mail all correspondence regarding this application to my: (check one) <input type="checkbox"/> Home Address <input type="checkbox"/> Present Employer				

Check the appropriate box:		FOR OFFICE USE ONLY
<u>APPLICATION FOR:</u> <input type="checkbox"/> Inspector <input type="checkbox"/> Risk Assessor <input type="checkbox"/> Worker <input type="checkbox"/> Supervisor <input type="checkbox"/> Project Designer	<u>FEE</u> <div style="text-align: right;">             \$100.00              \$100.00              \$100.00              \$100.00              \$100.00           </div>	
<b>PART B. RECIPROCITY INFORMATION</b> Please submit a copy of the license or certificate.		
<p>In which EPA-approved state(s) are you currently licensed for this Lead occupation?</p> <p>State(s) _____</p> <p>Expiration date: _____</p>		
<p>In which EPA region(s) are you currently certified for this lead occupation?</p> <p>Region(s) _____</p> <p>Expiration date: _____</p>		
<b>PART C. WAIVER (OPTIONAL)</b>		
<p>I hereby authorize the person named in this waiver to act on my behalf regarding this application. If at any time I decide to change this authorization, I shall notify the Bureau of Lead Licensing in writing of such change.</p>		
NAME	TITLE OR RELATIONSHIP TO APPLICANT	
ADDRESS		
TELEPHONE NUMBER		
(       )		
<b>PART D. CERTIFICATION</b>		
<p>I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I further certify that I will comply with Sections 701.300 through 701.338, RSMo, and with any regulations promulgated pursuant to Sections 701.300 through 701.338, RSMo.</p>		
SIGNATURE OF APPLICANT (NOTE: Application is not complete without signature.)		DATE
		